

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	<b>Attorney Docket Number</b>	THRS0013-0001																								
	<b>First Named Inventor</b>	JIMIN ZHANG, ET AL.																								
	<b>Title</b>	INSERTABLE ULTRASOUND PROBES, SYSTEMS, AND METHODS FOR THERMAL THERAPY																								
	<b>Express Mail Label No.</b>	ER 148679315 US																								
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapters 600 &amp; 1600 concerning plant patent application contents</small>		<b>ADDRESS TO:</b> Mail Stop Patent Application : Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450																								
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and duplicate for fee processing)</small></p><p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p><p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>37</b>]</span> <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p><p>4. Drawing(s) (37 CFR 1.152) <span style="float: right;">[Total Sheets <b>13</b>]</span></p><p>5. Oath or Declaration <span style="float: right;">[Total Pages <span style="border: 1px solid black; padding: 0 10px;">  </span>]</span><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Newly executed (original or copy)</p><p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.83(d)) <small>(for continuation/divisional with Box 16 completed)</small></p><p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small></p></div></p><p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 45%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Computer Reader Form (CRF)</p><p>b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper</p><p>c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></p></div></div>		<b>ACCOMPANYING APPLICATION PARTS</b>																								
		<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p><p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></span></p><p>11. <input type="checkbox"/> English Translation Document (if applicable)</p><p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span></p><p>13. <input type="checkbox"/> Preliminary Amendment</p><p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p><p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p><p>17. <input type="checkbox"/> Other: _____</p></div><div style="width: 45%;"></div></div>																								
<p>18. If a <b>CONTINUING APPLICATION</b>, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <u>09/696,076</u></p><p style="text-align: center;"><b>AND THIS APPLICATION CLAIMS BENEFIT UNDER 35 USC § 119 (E) FROM US APPL. NO. 60/4113,118</b></p><p style="text-align: center;"><small>Prior application information: Examiner: <u>Sheldon K. Lee</u>      Art Unit: <u>3142</u></small></p><p><small>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p></div><div style="width: 45%;"></div></div>																										
<b>19. CORRESPONDENCE ADDRESS</b>																										
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><input checked="" type="checkbox"/> Customer Number or Bar Code label</div><div style="width: 40%; text-align: center; font-size: 1.2em;">36,308</div><div style="width: 30%;"><input type="checkbox"/> Correspondence address below</div></div>																										
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

The PTO did not receive the following listed item(s) ABSTRACT

<h1 style="margin: 0;">E TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2>		<b>Complete if Known</b>															
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<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         Deposit Account Number: 502668          Deposit Account Name: THERUS CORP.       </div> <p>The Director is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<b>FEE CALCULATION (continued)</b> <b>3. 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1201	84	2201	42	Independent claims in excess of 3																																																									
1203	280	2203	140	Multiple dependent claim, if not paid																																																									
1204	84	2204	42	** Reissue independent claims over original patent																																																									
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																									
SUBTOTAL (2)				242																																																									
SUBTOTAL (3) <span style="float: right;">0</span>																																																													

<b>SUBMITTED BY</b> Name (Print/Type) Sheldon K. Lee Express Mail Label ER 148679315 US Signature		<b>(Complete (if applicable))</b> Registration No. (Attorney/Agent) 53197 Telephone 206-832-4336 Fax 206-832-4660 Date September 24, 2003	
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